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## **COVER LETTER**

Division o	f Corporations	
Tierra SUBJECT:	Mia Bakery & Restaurant LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Jennie Pleasant	
	Name of Person	
	Ortega & Figueroa Accounting & Tax Service, Inc	
	Firm/Company	
	101 N State Road 7 Ste 111	
	Address	
	Margate FL 33063	
	City/State and Zip Code	
	office@margatetaxservices.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Jennie Pleasant	ame of Person Area Code Daytime Telephone Number	_
N	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing F	Status &

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Tierra Mia Restaurant & Bakery LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ZIJJ JUL 10 P 10

The Articles of Organization for this Limited Liability Co	ompany were filed or	n <u>07 03 2019</u>	CEURCIARY IALLAHASSI	S and assigned
Florida document number L19000154899				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability compan	<u>w here</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company,"	the designatio	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	<u>-</u>		
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		s on our r	ecords, <u>enter</u>	the name of the new
New Registered Office Address:				
	Emer	r Florida street		
	City		Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•			zip Coae
		.1 - 1.	t (*)	to the later
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for	e of my dut in Chapter	ies, and I am j 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

:, .

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jammy Garces	9603 NW 36th Manor Coral Springs, FL 33065	
			<b>≡</b> Remove
			☐ Change
AMBR	Jeimmy Garces	9603 NW 36th Manor Coral Springs, FL 33065	■ Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Remove
		<del></del>	□ Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			Change

If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<b></b>	
<del> </del>	
<del></del>	
<del></del>	
Note: If the date in	ther than the date of filing:
he record specifi The 90th day i	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of after the record is filed.
Dated 17/1	13/2019
- Juhr	Signature of a member or authorized representative of a member
Jeimmy	Garces
-	

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Filing Fee: \$25.00